

CONTROL NO.

DDS/OC-007

## REPORTS INVENTORY

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

Review of OC-OPI Forms

2. TITLE OF REPORT	X. STATISTICAL NARRATIVE
	MACHINE-NAME LISTING

3. FUNCTIONAL AREA	PERSONNEL	TRAINING	X	ADMIN. GENERAL
	LOGISTICS	SECURITY		OTHER (specify)
	MEDICAL	FINANCE		COMMUNICATIONS

4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)	6. DISTRIBUTION (No. of components not number of copies)
2	Annually	1

7. FORMAT (memorandum, form computer print-out, etc.) Memo	8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT
	YES	IF YES GIVE ADP PROCESSING NO.	OC Order 70.2

10. PREPARING COMPONENT (include lowest level contributing information to report)	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)
OC-CCD/CCL/COB	None

## 12. COST FACTORS

## A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
6, Step 2	\$ 3.62		2		\$ 7.00		1		\$ 7.00
15, Step 5	12.47		2		25.00		1		25.00
6, Step 4	14.04		1		14.00		1		<u>14.00</u>
						TOTALS	\$46.00		

## B. COSTS OF COMPUTER PRODUCED REPORTS

## TOTAL COSTS PER YEAR

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.
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Provide an annual review for OC-RMS to update, condense, or eliminate forms used by OC.

## 14. FUTURE GOALS

PROPOSED BY COMPONENT FOR THIS REPORT		ESTIMATED SAVINGS	
RETAIN AS IS	OTHER (explain)	MAN-HOURS	DOLLARS
CHANGE			
DISCONTINUE			
DATE OF INVENTORY	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION	STAT
STAT Oct. 70			